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CONFIRMATION NO. 1707

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | | |
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| 10/692,976 | 10/24/2003 | 705 | 3626 | 02,104-A | | |
| RULE | | | | | | |
| APPLICANTS David E. Stern, Caledonia, IL; Wayne R. Pearson, Crystal Lake, IL; John J. Koehler, Caledonia, IL; ** CONTINUING DATA ***** This appln claims benefit of 60/422,083 10/29/2002 ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 01/28/2004 Verified /T.N./ | | | | | | |
| Foreign Priority claimed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119(a-d) conditions met | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | IL | 15 | 35 | 5 |
| Verified and Acknowledged | /TRAN NGUYEN/ Examiner's Signature | | Initials | | | |
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| TITLE Method and system for automated medical records processing | | | | | | |
| FILING FEE RECEIVED 671 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees | | |
| | | | | <input type="checkbox"/> 1.16 Fees (Filing) | | |
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